

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10 574193

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			6			
2						
3						
4						
5						
6						
7						
8						
9						
10			1			
11						
12						
13						
14						
15						
16						
17						
18						
19			1			
20						
21						
22						
23						
24			1			
25						
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27						
28						
29			1			
30			1			
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47						
48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		←	24	←		←
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						